

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.		DEP.		IND.			IND.		DEP.		IND.	
	1	2	3	4	5	6	7	8	9	10	11	12	
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TOTAL IND.	3	↓			↓			↓					
TOTAL DEP.	12	←			←			←					
TOTAL CLAIMS	15	████████	████████	████████	████████	████████	████████	████████	████████	████████	████████	████████	

BEST AVAILABLE COPY